

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County. Cass
(b) City or town. Archie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)
In this community 4 yr.
years, months or days

8. (a) PRINT FULL NAME Joseph Walter Hendricksen

8. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mattie E. Hendricksen 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 21, 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Caldwell Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Agent

11. Industry or business

12. Name Felix Hendricksen

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mays

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Calais Griner

(b) Address Archie, Mo.

17. (a) Burial (b) Date thereof 1-30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Atkinson Bros

(b) Address Archie, Mo.
19. (a) Jan-31-41 (b) Mrs. Dora Adair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

(c) City or town Archie, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Jan 27
1941 to Jan 27 1941
that I last saw him alive on Jan 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza and Bronchial Pneumonia

Due to 1772

Due to

Other conditions Dropsey (General)
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
140 (Specify type of place) While at work? (e) Means of injury

23. Signature B. B. Tourt (M. D. or other) D
Address Archie Mo. Date signed Jan 28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Frederick Atkinson

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.